

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 507421	FILING DATE		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1						51		
2	1						52		
3	2						53		
4	2						54		
5	2						55		
6	2						56		
7	1 4						57		
8	1 1						58		
9	1 0						59		
10	0 1						60		
11	1 0						61		
12	0 1						62		
13	1 0						63		
14	0 1						64		
15	2 0						65		
16	0 2						66		
17	0						67		
18	0						68		
19	0						69		
20	2						70		
21	2						71		
22	2						72		
23	1 0						73		
24	0 1						74		
25	2 0						75		
26	0 2						76		
27	0 0						77		
28	0						78		
29	0						79		
30	0						80		
31							81		
32							82		
33							83		
34							84		
35							85		
36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	1						TOTAL IND.		
TOTAL DEP.	33	→	→	→			TOTAL DEP.	→	→
TOTAL CLAIMS	34						TOTAL CLAIMS		